

Name
in
Full

John B. Abell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leonardtown* Town*St Marys* CountyDate of death *1907* Month *June* Day *24*Age *72* Years

Months Days

Sex *Male*Color or Race *White*Birth-place *St Marys*Occupation *Farmer*Where Residing *not* at place of deathMarried, Single or Widowed *Widower*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

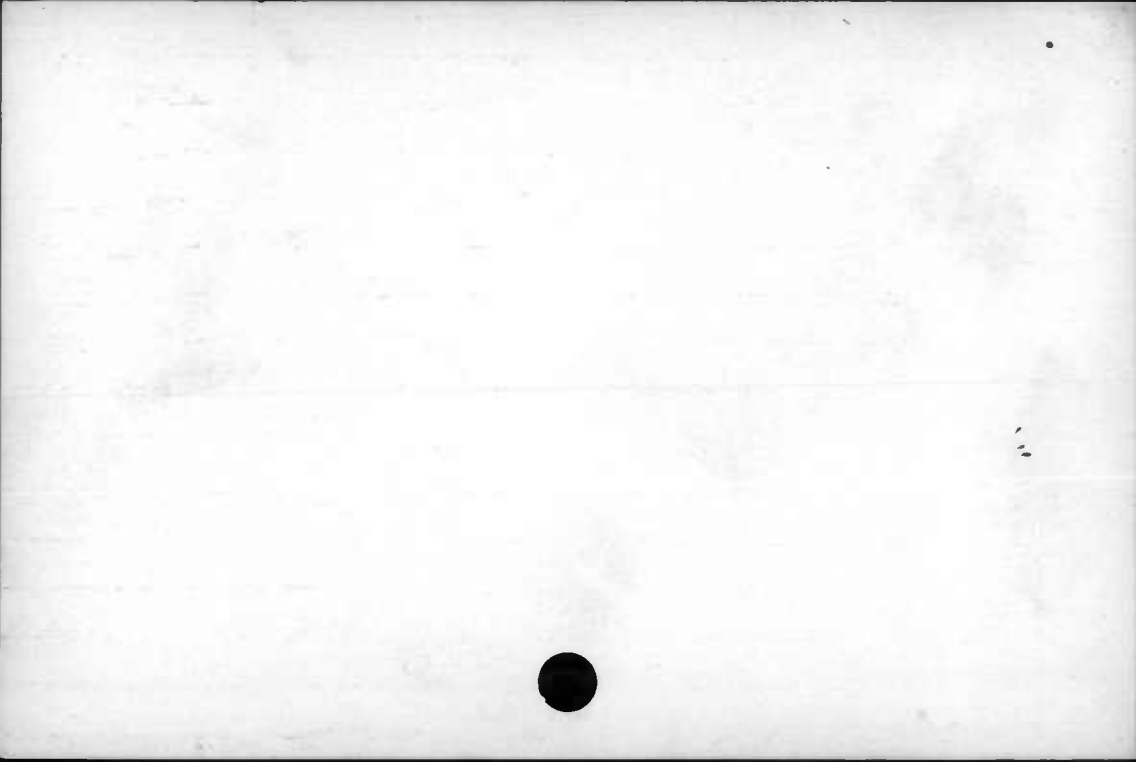
Mother's Birthplace

Name of person giving information *Richard T. Abell*How related to deceased *brother*

CAUSES OF DEATH

130

Primary *Chronic Tubular Nephritis*How long *One and a half yrs*Immediate *Heart failure*How long *twice or three minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. H. Greenwell*Address *Leonardtown*Accident or Suicide? *MD*



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Judson Banks* Town*St. Marys* CountyDate of death *1907 June*

Day

*9*Age *65* Years

Months

Days

Sex

*Male*Color or
Race*colored*Birth-
place*Ma.*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*T*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Francis Holt*How related
to deceased

CAUSES OF DEATH

Primary

*Apoplexy**(64)*

How long

36 hours

Immediate

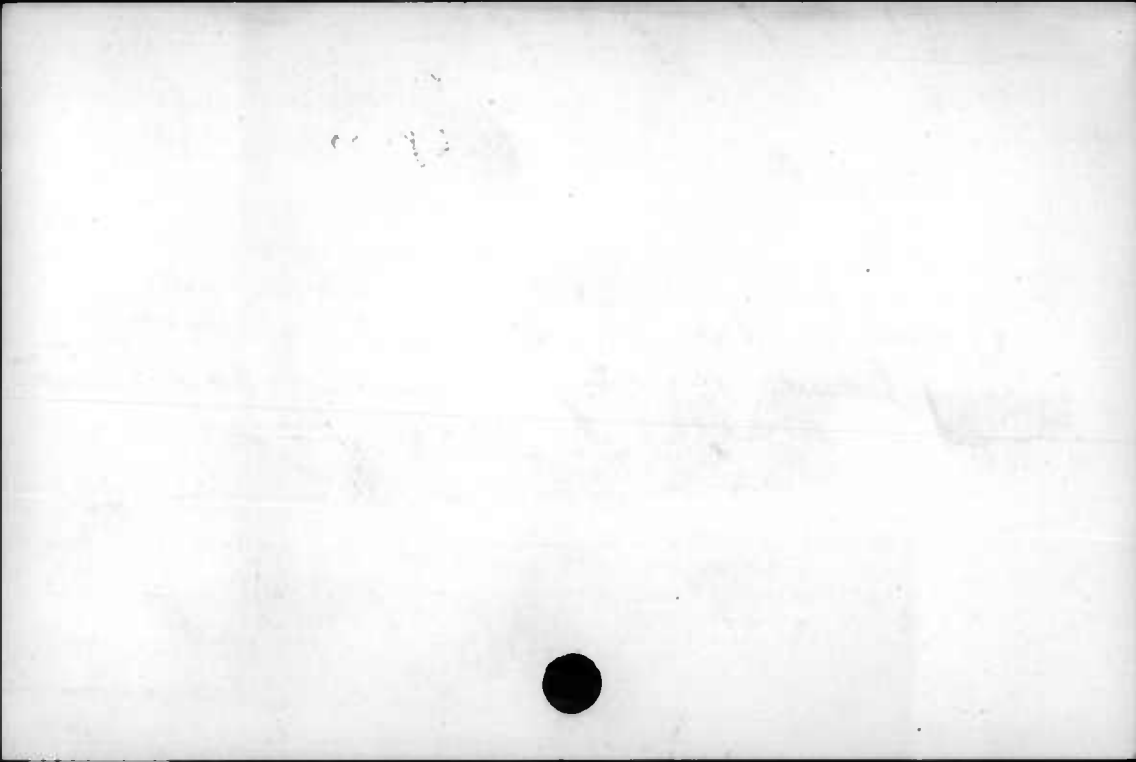
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*L. B. Johnson*

Address

Morganza

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

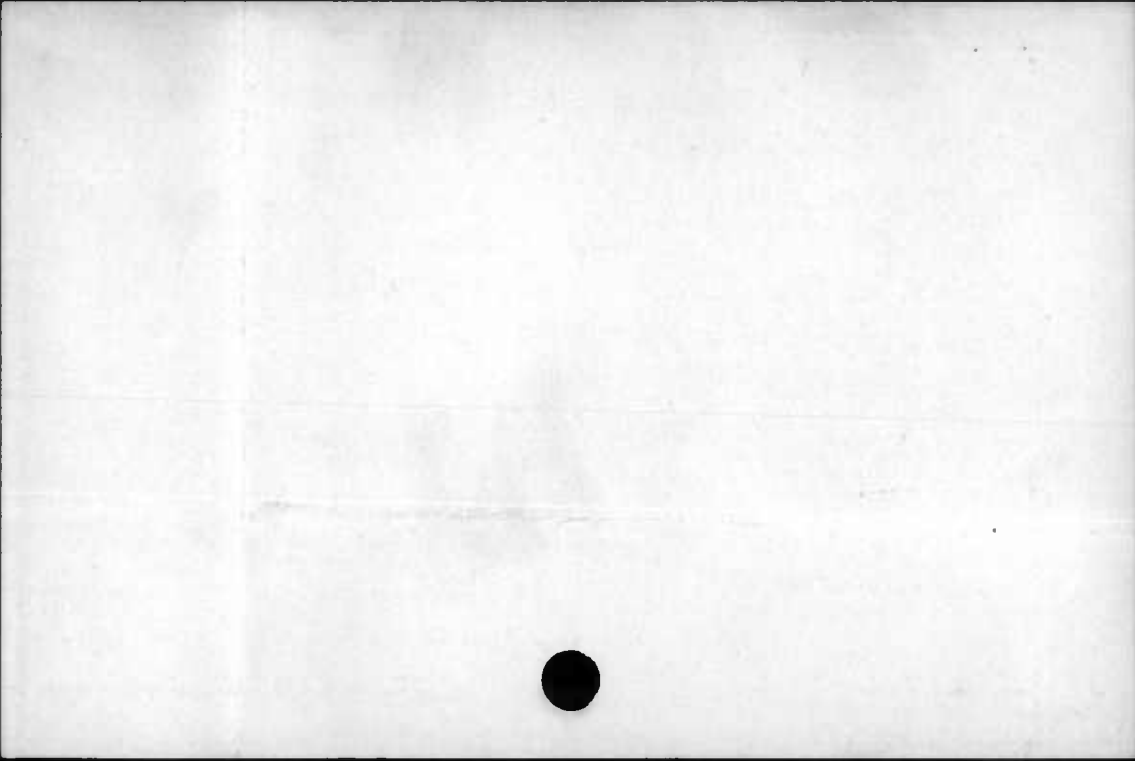
Name <i>Nicholas Biscoe</i>		Town <i>Ridge</i>		County <i>St Marys</i>		State <i>MARYLAND</i>	
Died at <i>Ridge</i>		Month <i>June</i>		Day <i>3</i>		Age <i>about 6 yrs</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>MD</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Ridge</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Biscoe</i>					
Father's Name <i>James Biscoe</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Dont Know</i>					
Name of person giving In formation <i>Walter Biscoe</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>		How long <i>5 Years</i>	
Immediate <i>Exhaustion</i>		How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>St. Leary</i>	
		Address <i>Ridge</i>	
Accident or Suicide?			



Name
in
Full

Mrs Jane Geyer

CERTIFICATE OF DEATH

MARYLAND

Died at *Blunts* Town*St Marys* CountyDate of death *1907* Month *June* Day *4* Age *74* Years Months DaysSex *Female* Color or Race *White* Birth-place *St Marys*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Peter Geyer*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Dora, Morelman* How related to deceased *Servant*

CAUSES OF DEATH

(93)

Primary *Pneumonia* How long *4 days*Immediate *Old age + Exhaustion* How long *See above*

Are the name, age, sex, color, date and place correctly given above?

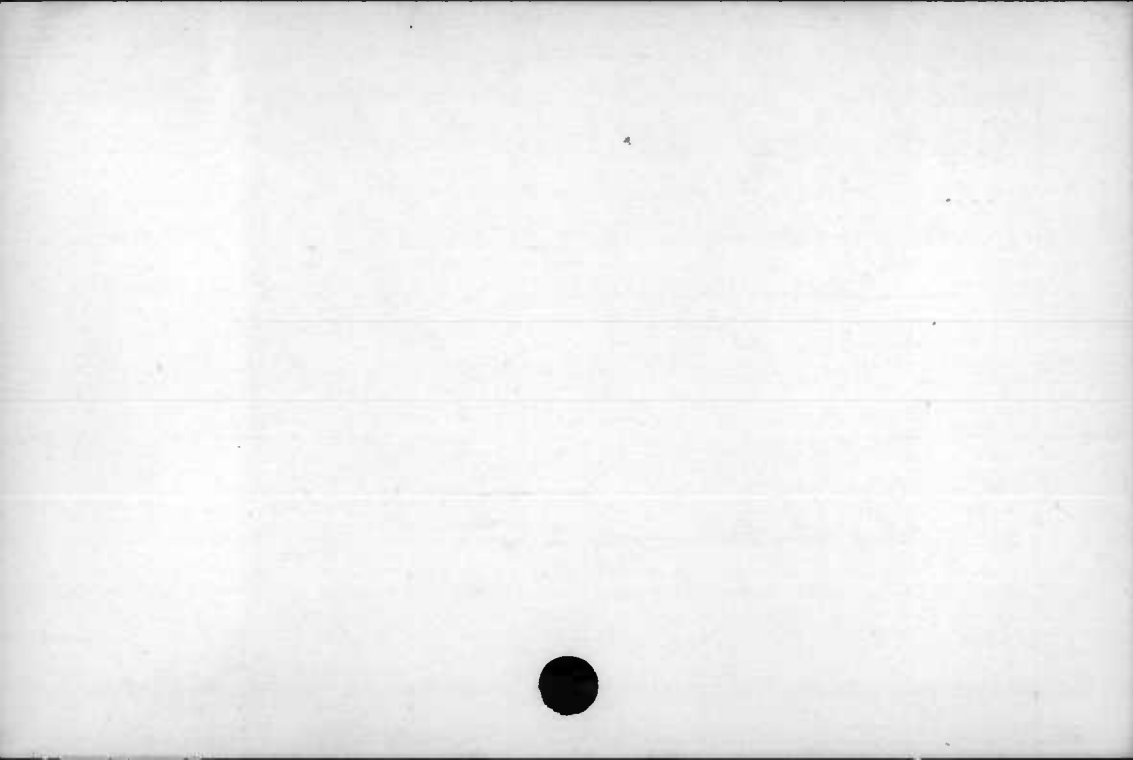
Signature of Physician

Address

Thos Lusk
Lanardtown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

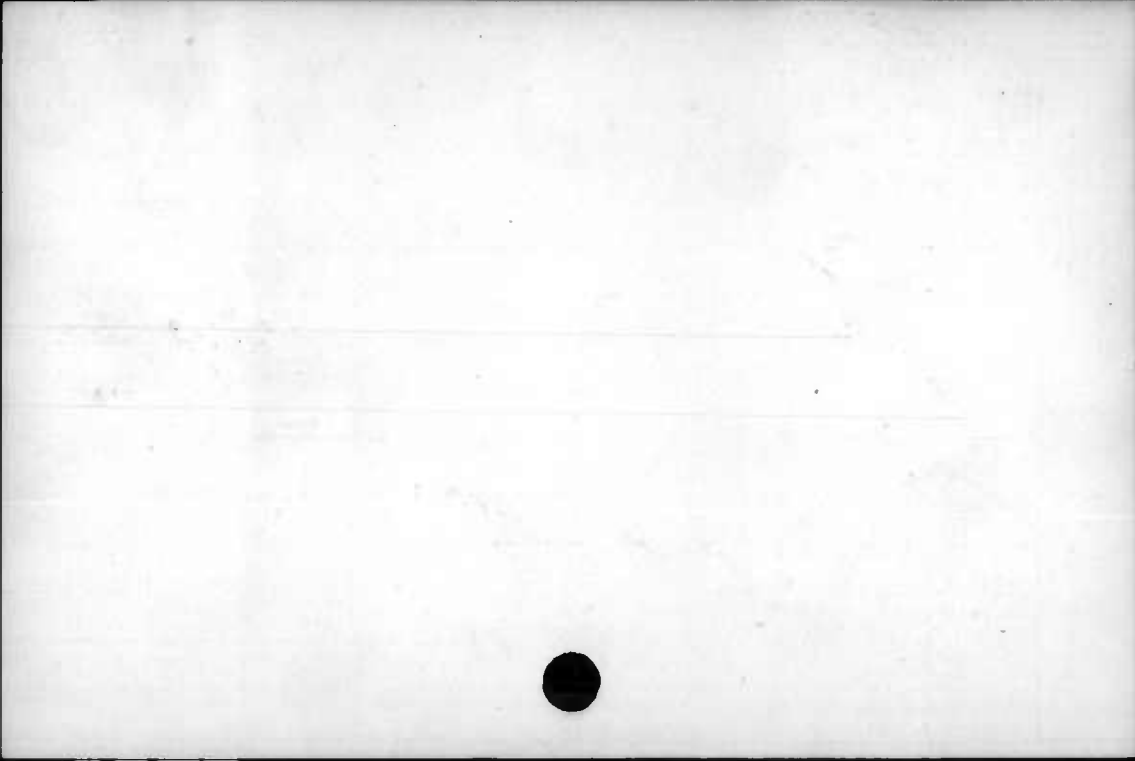
MARYLAND

Died at <i>Murganzy</i> Town		<i>St. Marys</i> County			
Date of death <i>1907</i>	Month <i>June</i>	Day <i>11</i>	Age <i>10</i> Years	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation <i>-</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Gough</i>		Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Mary Holt.</i>		Mother's Birthplace <i>"</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Remittent Fever</i>	<i>(4)</i>	How long <i>2 Weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Johnson</i>	
	Address <i>Murganzy</i>	
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

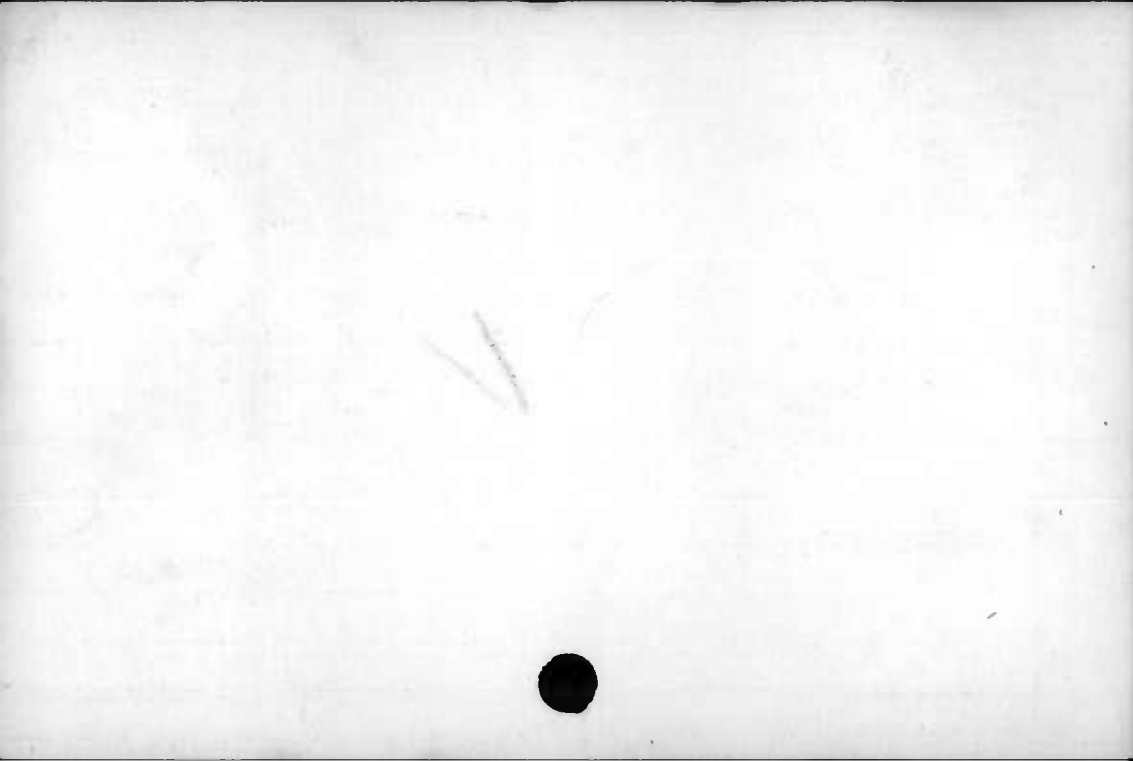
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Selements</i> ^{Town}		<i>St. Marys</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>12</i>	Age <i>85</i> ^{Years}	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>-</i>		<i>Unobtainable</i>		Father's Birthplace <i>Unobtainable</i>	
Mother's Maiden Name <i>-</i>		<i>Unobtainable</i>		Mother's Birthplace <i>Unobtainable</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>(64)</i>	How long <i>5 Weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. B. Johnson</i>
		Address <i>Maryanza</i>
Accident or Suicide?		



Name
in
Full

Infant child Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *The Plains*

Town

County

St. Mary's

Date

of death

1907

Month

June

Day

16

Age

Years

—

Months

—

Days

4

Sex

*Boy male*Color or
Race*Colored*Birth-
place*St. Mary's Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Henry Hall*Father's
Birthplace*St. Mary's Co.*Mother's
Maiden Name*Henrietta Groves*Mother's
Birthplace*St. Mary's*Name of person giving
information*Henry Hall*How related
to deceased*Father*

CAUSES OF DEATH

Primary

convulsions

How long

From birth

Immediate

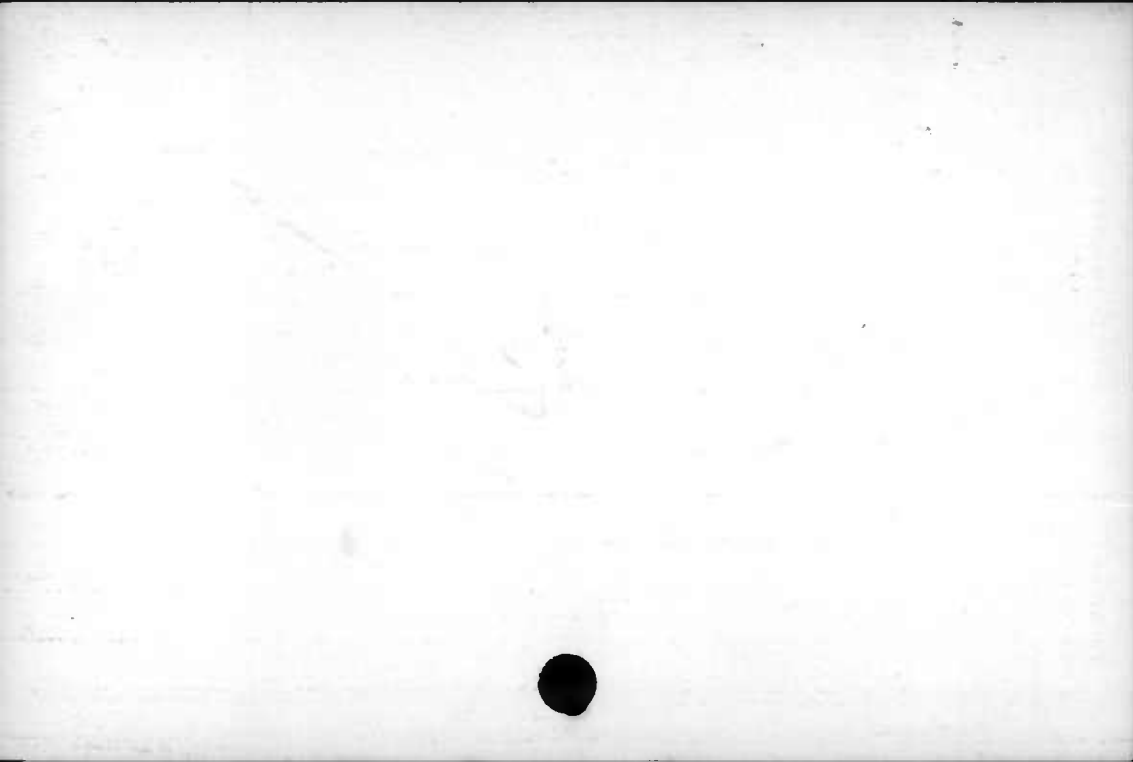
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Zach. R. Morgan,
Mechanicville, Ind.*

Accident or Suicide?

*—*PHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

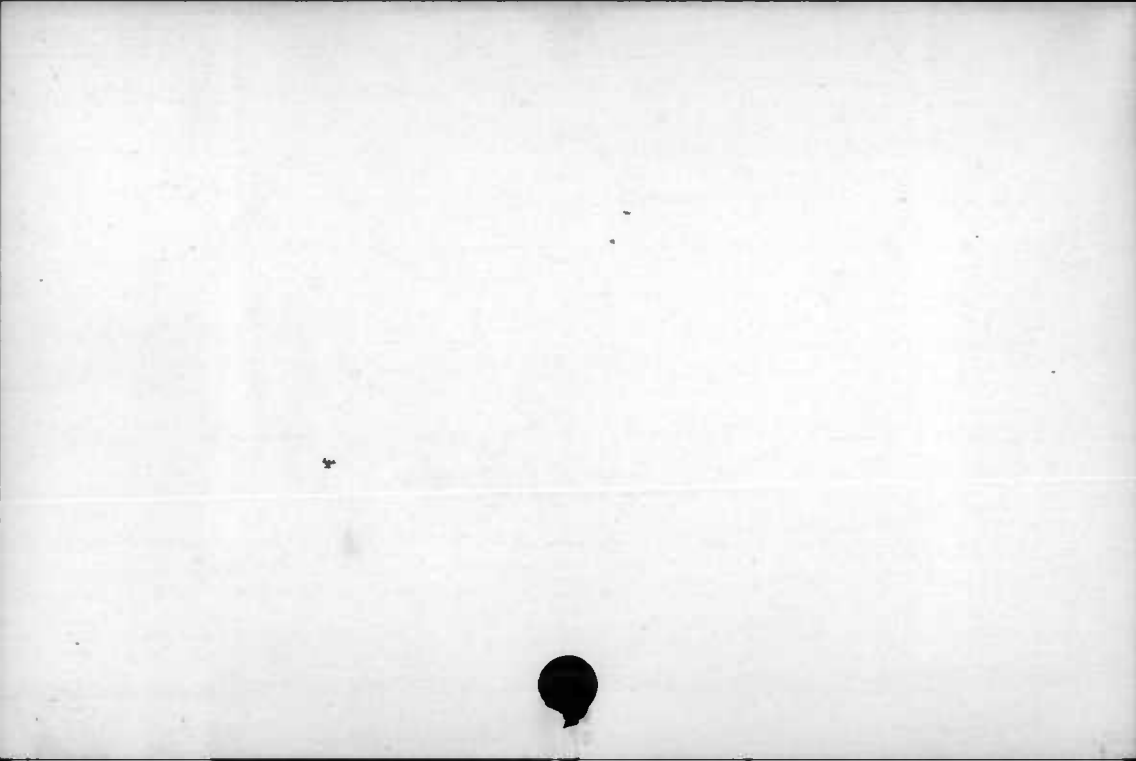
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Annie Jay</i>		Town <i>Hollywood</i>		County <i>St. Mary's</i>		STATE <i>MARYLAND</i>	
Died at		Date of death <i>1907</i>		Month <i>June</i>		Day <i>17</i>	
Age <i>60</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St. Mary's</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edwin Jay</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>St. Mary's</i>					
Name of person giving information <i>Edwin Jay</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		(27)		How long <i>one year</i>	
Immediate <i>Exhaustion</i>				How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. Lynch</i>			
		Address <i>Demarettown</i>			
		<i>and</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jeanette Kelly*

Town *Hollywood* County *Annapolis*

Died at *Hollywood*

Date of death *1907* Month *June* Day *4th* Age *6* Years Months *2* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Hollywood*

Occupation *at home* Where Residing if not at place of death *at home*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Alfred L. Kelly* Father's Birthplace *Annapolis*

Mother's Maiden Name *Mary Ann Butler* Mother's Birthplace *—*

Name of person giving information *Alfred L. Kelly* How related to deceased *Father*

CAUSES OF DEATH

31

PHYSICIAN-
OR CORONER

Primary *Abscess of leg & bone* How long *3 weeks*

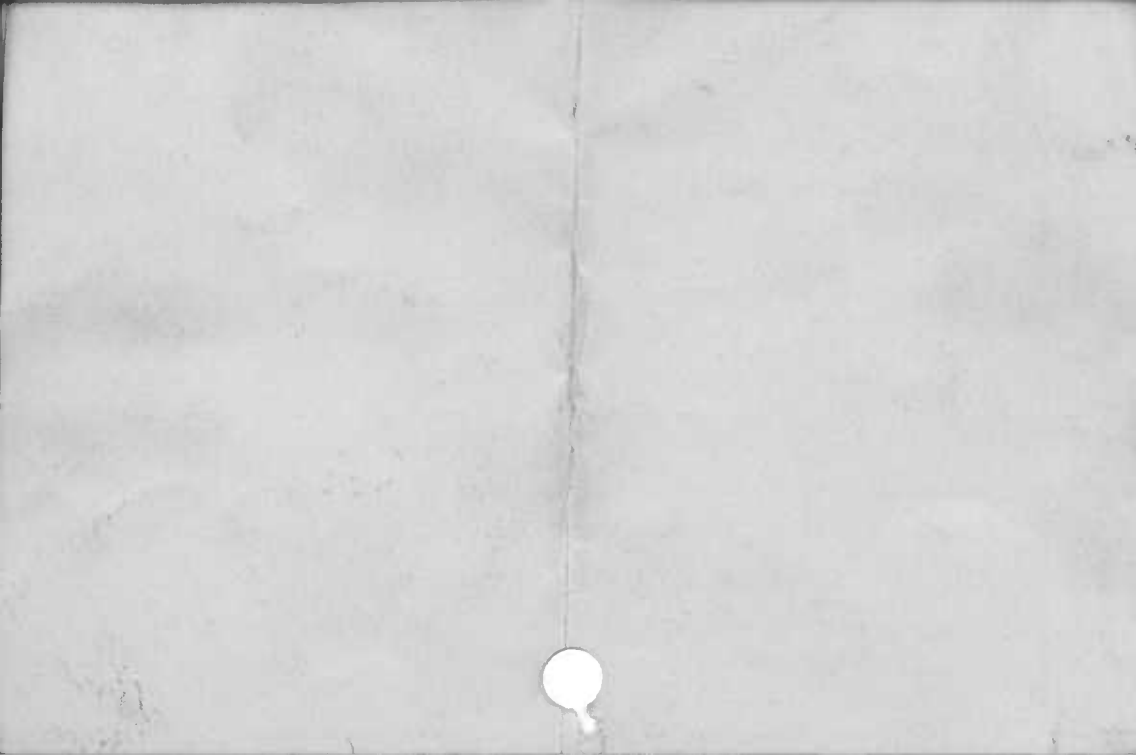
Immediate *heart failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. D. C. Mills, Cor.*

Address *Hollywood Maryland*

Accident or Suicide? *—*



Name
in
Full

Elizabeth Thomas Neal

CERTIFICATE OF DEATH

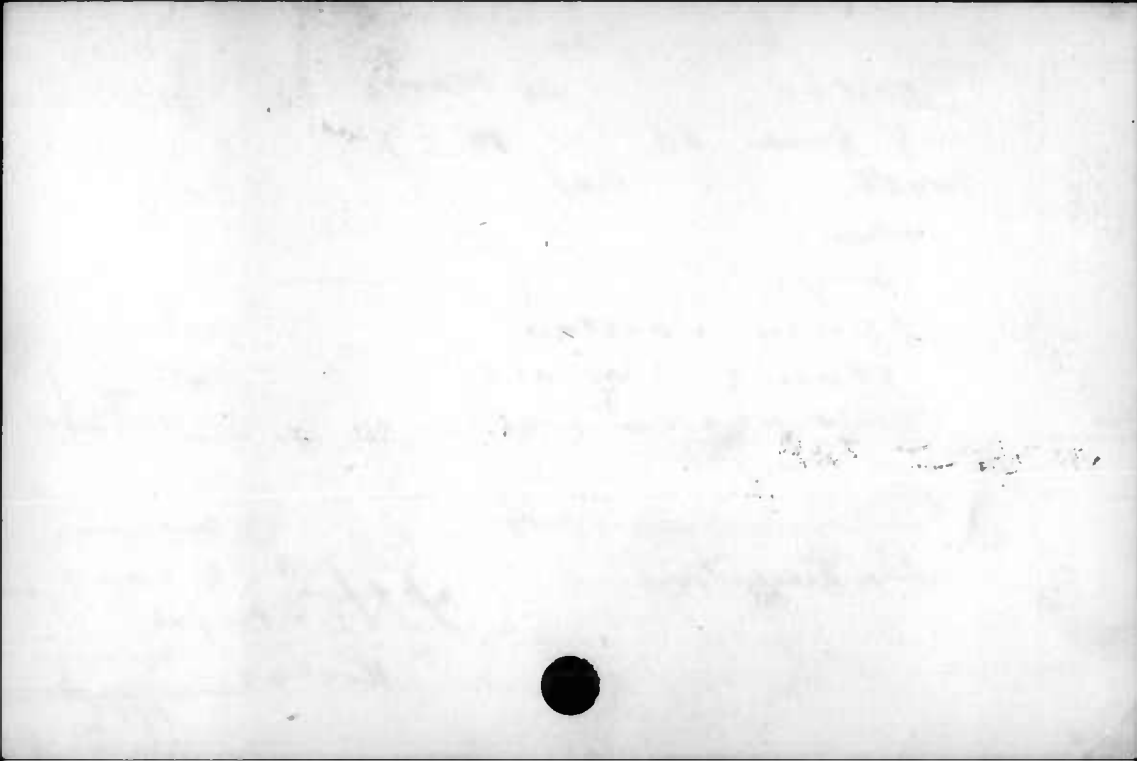
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oakley</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>June</i> ^{Month}	<i>21st</i> ^{Day}	<i>53</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Oakley</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jim Neal</i>				
Father's Name <i>Wm Thomas</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sallie Bryan</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mary Neal Maddox</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterial Sclerosis</i> (81)	How long <i>5 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter B. Dent</i>
	Address <i>Oakley, Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Alexandria Parolton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ridge ^{Town} St Marys ^{County} MARYLAND

Date of death 1907 ^{Month} June ^{Day} 13 ^{Years} 19 ^{Months} 00 ^{Days} 00

Sex male Color or Race Col Birth-place md

Occupation Labourer Where Residing at place of death

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Henry Parolton Father's Birthplace md

Mother's Maiden Name Annie Carroll Mother's Birthplace md

Name of person giving information James Carroll How related to deceased Uncle

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary Tuberculosis (Pulmonary) How long 8 months

Immediate Exhaustion How long 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Leary

Address Ridge md

Accident or Suicide? No

